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SUBSTITUTE FOR FORM 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)	COMPLETE IF KNOWN	
	Application Number	10/669,788
	Filing Date	September 24, 2003
	First Named Inventor	Saunders et al.
	Art Unit	Unknown
	Examiner Name	Unknown
Sheet 1 of 1	Attorney Docket No.	NSEE 2 00004

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Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	<i>[Signature]</i>	Date Considered	11/23/05
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